

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma

BUREAU OF VITAL STATISTICS

State Index No. 152

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 163

Town of _____

Local Registrar's No. _____

or
City of Globe

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Leroy Francis O'BrienBorn ☒ YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Alive ☒ ~~NO~~Sex of child M. Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Sept 12 1918
(Month) (Day) (Yr.)Full Name Wm H. O'Brien FATHERFull Maiden Name Catherine Murphy MOTHERResidence Globe, ArizonaResidence Globe, ArizonaColor or Race W Age at last Birthday 28 (Years)Color or Race W Age at last Birthday 23 (Years)Birthplace ColoradoBirthplace MontanaOccupation MinerOccupation HousewifeNumber of children of this mother... 1... Number of children, of this mother, now living... 1... Were precautions taken against Ophthalmia neonatorum? yes...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept. 12 1918, at 4 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. W. Adams
(Attending physician, midwife, householder*)

Given or christian name added from a

Address Globe, Arizona

Supplemental report _____ 191_____

Filed May 1 1919

A True Copy

365-912-346
COUNTY REGISTRAR.Filed May 6 1919

LOCAL REGISTRAR.

COUNTY REGISTRAR.